



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I, _____, authorize Northwestern Health Sciences University to provide the individuals listed below with access to the selected educational records:

Initial on the line(s) verifying which records you wish to make available to the individuals authorized on this form.

_____ Financial Aid Records. Example records include award and disbursement information, satisfactory academic progress, financial aid file status, financial aid request form, and any other documents maintained within the financial aid file.

_____ Academic Records. Example records include academic transcript, verification documents, registration documents, admission documents, satisfactory academic progress, and any other documents maintained within the academic file.

_____ Student Account Records. Example records include tuition and fee charges, payment sources and amounts, financial holds, and any other information maintained within the student accounts file.

The following individuals have authorization to access the records initialed above:

Table with 4 columns: Last Name, First Name, Relation, Contact Number. Three rows for listing individuals.

Authorization is effective the date the form is signed by the student. Authorization is valid until revoked. You may revoke the right to access by submitting an official statement to the Registrar's Office via your nwhealth.edu email account.

Student ID Number _____

Student Signature* _____ Date _____

*Please note that an electronic signature is only valid when using a nwhealth.edu email account.

Please submit completed form to the Registrar's Office.

2501 W 84th St
Bloomington MN 55431

Registrar1@nwhealth.edu
952.888.4777 x440 (phone)
952.887.1386 (fax)